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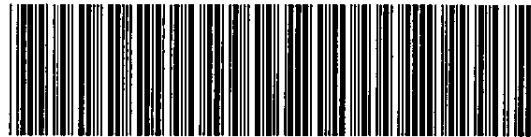
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN -2 PM 2:49

APPROVED
AND
FILED

B. McKnight JAN 02 2007

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: DMS NURSING CONSULTANTS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

- | | | | |
|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$70.00 | <input type="checkbox"/> \$78.75 | <input type="checkbox"/> \$122.20 | <input type="checkbox"/> \$131.25 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate | & Certified Copy | Certified Copy |
| | | | & Certificate |

FROM: DIANA M. SANABIA
Name (Printed or typed)

6091 SW 12TH STREET
Address

WEST MIAMI, FL 33144
City, State & Zip

(786) 457 4362
Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

DMS NURSING CONSULTANTS, INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

6091 SW 12TH STREET

WEST MIAMI, FL 33144

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA

ARTICLE IV

The officers of the corporation shall be:

President:	<u>DIANA M. SANABIA</u>
Secretary	<u>DIANA M. SANABIA</u>
Treasurer:	<u>DIANA M. SANABIA</u>

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TALLAHASSEE, FLORIDA

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CERTIFICATE: \$78.75

ARTICLE V

Limitation of Corporate Powers

The corporate powers of the corporation are as provided in Section 607 Florida Statutes, unless limited as follows:

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

DIANA M. SANABIA

6091 SW 12TH STREET

WEST MIAMI, FL 33144

ARTICLE VII

Incorporators

See instructions for officers/directors

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is (are):

DIANA M. SANABIA

6091 SW 12TH STREET

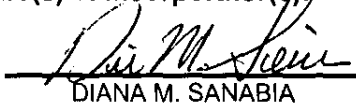
WEST MIAMI, FL 33144

ARTICLE VIII

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1ST day of JANUARY 2007.

Signature(s) of incorporator(s):


DIANA M. SANABIA

Typed name of incorporator signing

Typed name of incorporator signing

ARTICLE IX

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of the State of Florida.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: DMS NURSING CONSULTANTS, INC.
(must include suffix)

2. The name and address of the registered agent and office is:

DIANA M. SANABIA

(Name)

(Street address - P.O. Box or Mail Drop Box NOT acceptable)

6091 SW 12 ST W. MIAMI, FL 33144-5160

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above
stated corporation at the place designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relating to the proper and complete
performance of my duties, and I am familiar with and accept the obligations of my
position as registered agent.*

Diana M. Sanabia

(Signature)

01/01/07

(Date)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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